

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/571805 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	0		0			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16	0		0			
17	0		0			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	0		0			
23	0		0			
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49						
50						
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	14	←	14	←		←
TOTAL CLAIMS	26		26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	↓